

2012 HMO, POS & PPO HEALTH PLAN COMPARISON

SERVICE	Kaiser Permanente (Health Maintenance Organization)	Blue Shield HMO (Health Maintenance Organization)	Blue Shield POS (Point-of-Service)	Blue Shield PPO (Preferred Provider Organization)
QUESTIONS ABOUT PLAN DESIGN AND PROVIDER NETWORKS	1-800-464-4000 Group # 887 http://my.kp.org/ca/csjeemployees/	1-800-872-3941 Blue Shield Access+ HMO Group #H12020 www.blueshieldca.com	1-800-872-3941 Blue Shield Added Advantage POS Group # MH0241 www.blueshieldca.com	1-800-872-3941 Blue Shield Spectrum PPO Group # 975993 www.blueshieldca.com
GENERAL	Kaiser Permanente is a prepaid group practice health maintenance organization, which provides direct services through Kaiser Permanente Foundation hospitals, medical offices and physicians ONLY. Kaiser Permanente members are encouraged to choose a personal physician from the staff for themselves and for each eligible family member.	<p>Blue Shield HMO is a health maintenance organization that contracts with medical groups and facilities to provide medical services to its members. Blue Shield members must choose a Primary Care Physician (PCP) from Blue Shield's network of physicians. Members must obtain a referral from their PCP for specialty services. Members also have the option of referring themselves to a specialist within their PCP's medical group with a \$40 co-pay (Access+ Specialist).</p> <p>A complete listing of available Blue Shield PCPs is available on Blue Shield's website: www.blueshieldca.com.</p>	<p>Blue Shield POS is a 3-tiered point-of-service health care plan. Each Blue Shield member must select a Primary Care Physician (PCP) from the Blue Shield HMO network. Coverage Tiers include:</p> <p>Tier 1: Maximum coverage at minimum cost. All services are coordinated through the member's PCP (in the Blue Shield HMO network). For covered services, members will only be responsible for the Tier 1 co-payments. Preventive services must be accessed through this tier.</p> <p>Tier 2: Provides medically necessary services at discounted rates from designated Preferred Providers. Services must be provided through the Blue Shield PPO network. Members are responsible for the deductibles and co-payments for Tier 2 covered services. Preventive services are not covered under this tier.</p> <p>Tier 3: Allows the freedom to choose any physician or hospital (outside the Blue Shield HMO and PPO networks). Members are responsible for the Tier 3 deductibles and co-payments for covered services (may be significantly higher than those realized under Tiers 1 and 2). Preventive services are not covered under this tier.</p> <p>Medically necessary covered services may be obtained in Tier 2 & Tier 3 without a referral from the PCP. Blue Shield pre-authorization is required for some specialists as described below. Some services are covered only under Tier 1.</p>	<p>Blue Shield PPO is a 2-tiered Preferred/Non-Preferred Provider health care plan. Members may select a provider from the Preferred Provider list (Preferred), or may use a provider that is not on the list (Non-Preferred).</p> <p>Preferred Provider Network: Provides medically necessary services at discounted rates from designated Preferred Providers. Services must be provided through the Blue Shield PPO network. Members are responsible for the deductibles and co-payments for covered services. Preventive services must be accessed through the PPO network.</p> <p>Non-Preferred Provider Option: Allows the freedom to choose any physician or hospital outside the PPO network. Members are responsible for the Non-Preferred deductibles and co-payments for covered services. These may be significantly higher than those realized within the PPO network. Preventive services provided outside the PPO network are not covered.</p> <p>Medically necessary covered services may be obtained from within the PPO network and under the Non-Preferred option without a referral from the PCP. Blue Shield pre-authorization is required for some specialist services.</p>

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SERVICE	Kaiser Permanente (Health Maintenance Organization)	Blue Shield HMO (Health Maintenance Organization)	Blue Shield POS (Point-of-Service)	Blue Shield PPO (Preferred Provider Organization)
WHO IS ELIGIBLE?	Employees who live or work* in the Kaiser Permanente Service Area, and eligible dependents. Retirees (who are not Medicare-eligible) who reside in the Kaiser Permanente Service Area, and eligible dependents. Retirees who are eligible for Medicare must enroll in Kaiser Permanente Senior Advantage program. *The following services are limited for employees who live outside of Kaiser Permanente's Service Area: Home Health Care Service, Skilled Nursing Facility services, Hospice care, Durable Medical Equipment, and Hearing Aids.	Employees who live or work in the Blue Shield Service Area, and eligible dependents. Retirees (under age 65) who reside in the Blue Shield HMO Service Area, and eligible dependents.	Employees who live or work in the Blue Shield Service Area, and eligible dependents. Retirees (under age 65) who reside in the Blue Shield HMO Service Area, and eligible dependents. If you live outside of the Blue Shield HMO Service Area, you may only be eligible for the PPO option.	Employees and retirees under age 65 and eligible dependents.
ANNUAL DEDUCTIBLE	None	None	\$100 per eligible person or \$200 per family for covered medical services outside the Blue Shield HMO network (i.e., medical services accessed under Tier 2 or Tier 3). No deductible is required for Tier 1 services, and deductibles may be waived in Tiers 2 and 3 for services that require a \$35 co-pay.	\$100 per eligible person or \$200 per family for covered medical services. Deductibles may be waived for services that require a \$25 co-pay.
LIFETIME MAXIMUM	None	None	None	None
CALENDAR YEAR CO-PAYMENT MAXIMUM	\$1,500 per individual \$3,000 per family	\$1,000 per individual \$2,000 per family	Tier 1 & 2: \$1,500 per individual \$3,000 per family Tier 3: \$4,500 per individual \$9,000 per family	\$2,000 per individual \$4,000 per family

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PHYSICIAN OFFICE VISITS:	\$25 co-pay per visit	\$25 co-pay per visit	Member pays \$25 co-pay in Tier 1; and \$35 co-pay in Tier 2. Plan pays 70% of Blue Shield's allowable amount in Tier 3. Preventive services are covered at no charge for Tier 1 and are not covered in Tiers 2 and 3.	Member pays \$25 co-pay per visit to Preferred providers (\$0 co-pay for preventive office visits); 30% co-pay per visit to Non-Preferred providers. There may be additional charges if physician charges above Blue Shield's allowable amount. Preventive services are not covered for Non-Preferred providers.
PRESCRIPTIONS	\$10 co-pay for generic drugs \$25 co-pay for brand name drugs As prescribed (up to 30 day supply) at Kaiser Permanente pharmacy (subject to formulary). Mail order for the same co-pay amounts is available.	\$10 co-pay for generic drugs \$25 co-pay for brand name drugs \$40 co-pay for non-formulary drugs or supplies at Blue Shield participating pharmacies. \$0 co-pay for Select generics* \$10 co-pay for Select brand-names* (subject to formulary) Mail order available (90-day supply) for 2x the retail co-pay. Contact Prime Mail at 1-866-346-7200 for more information.	\$10 co-pay for generic drugs \$25 co-pay for brand name drugs At Blue Shield participating pharmacies (subject to formulary). Non-formulary drugs are not covered. \$0 co-pay for Select generics* \$10 co-pay for Select brand-names* (subject to formulary) Mail order available (90-day supply): for 2x the retail co-pay (subject to formulary). Contact Prime Mail at 1-866-346-7200 for more information.	\$10 co-pay for generic drugs \$25 co-pay for brand name drugs (subject to formulary); \$40 co-pay for non-formulary drugs. \$0 co-pay for Select generics* \$10 co-pay for Select brand-names* (subject to formulary). Mail order available (90-day supply): for 2x the retail co-pay. Contact Prime Mail at 1-866-346-7200 for more information. Not covered out-of network.
* Select drugs for the treatment of asthma and diabetes. For additional details, please refer to the printed formulary under (Respiratory: asthma inhalants, Respiratory: asthma orals, Endocrine: diabetes) and the EOC booklet. This benefit does not apply to those Medicare members enrolled in the Part D drug plan.				

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HOSPITAL SERVICES				
• Inpatient Facility Services	\$100 per admittance paid by member.	\$100 per admittance charge paid by member.	Plan pays 100% after \$100 admittance charge paid by member in Tier 1; plan pays 90% after \$100 admittance charge and 10% coinsurance paid by member in Tier 2; and plan pays 70% after member pays 30% coinsurance (\$600 per day maximum charge) of Blue Shield's allowable amount in Tier 3. All hospital services outside Tier 1 require pre-authorization by Blue Shield. Failure to obtain pre-authorization may result in an additional \$250 deductible.	Plan pays 90% after \$100 admittance charge and 10% coinsurance paid by member for Blue Shield Preferred hospitals; or 70% of allowable amount up to \$600 per day maximum charge if non-emergency at a Non-Preferred hospital. Failure to obtain pre-authorization may result in an additional \$250 deductible.
• Inpatient Physician Services	No Charge.	No Charge.	Plan pays 100% in Tier 1; 90% in Tier 2; and 70% of Blue Shield's allowable amount in Tier 3. All surgical procedures require pre-authorization by Blue Shield.	See above.
SURGEONS, ASSISTANTS, ANESTHETISTS	No charge.	No charge for inpatient and outpatient surgical services, including anesthesia. Referrals are required.	Plan pays 100% in Tier 1; 90% in Tier 2; and 70% of Blue Shield's allowable amount in Tier 3. All surgical procedures require pre-authorization by Blue Shield.	Plan pays 90% of Blue Shield's allowable amount for Preferred providers; or 70% of allowable amount for Non-Preferred providers. Surgical procedures from Non-Preferred Physicians or facilities must be pre-authorized by Blue Shield.
EMERGENCY ROOM	Emergency services covered worldwide with \$100 co-pay. Co-pay is waived if admitted directly to the hospital as an inpatient. Emergency room visits must be coordinated through Kaiser Permanente if not at a Kaiser Permanente facility as soon as reasonably possible.	Emergency services covered with a \$100 co-pay. Co-pay is waived if admitted directly to the hospital as an inpatient. You have benefits for emergency and urgent care services when traveling outside of the United States.	Emergency services covered with a \$100 co-pay for all tiers. Co-pay is waived if admitted directly to the hospital as an inpatient. If Tier 1 HMO procedures are not followed, and/or services are not considered to be true emergency services (but are medically necessary), the coverage level will be determined under either Tier 2 (90% coverage) or Tier 3 (70% of the Blue Shield's allowable amount) based on the point of service and subject to the applicable deductibles and co-payments. You have benefits for emergency and urgent care services when traveling outside of the United States.	Emergency services covered with a \$100 co-pay. Co-pay is waived if admitted directly to a hospital as an inpatient. You have benefits for emergency and urgent care services when traveling outside of the United States.

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AMBULANCE	No charge when authorized by Kaiser Permanente.	\$50 Co-pay.	Plan pays 100% in Tier 1; Plan pays 90% of billed charges in Tier 2 and Tier 3.	Plan pays 90% of billed charges.
OUTPATIENT SURGERY	\$100 per procedure.	\$100 or \$50 in an Ambulatory Surgery Center (ASC).	Tier 1: \$100 per admission or \$50 in an Ambulatory Surgery Center (ASC). Tier 2: \$100 per admit plus 10%. Tier 3: Plan pays 70% of Blue Shield allowed amount (\$600 per day max).	<u>In network:</u> \$100 plus 10% <u>Out of network:</u> patient pays 30% (\$600 per day max). Ambulatory Surgery Center (ASC) In network ASC: \$50 plus 10% Out of network ASC: 30% (\$600 per day max)
OUTPATIENT X-RAY AND LABORATORY	No charge; no limit to number of visits with physician referral. \$25 co-pay for MRI/CT/PET Scans.	No charge.	Plan pays 100% in Tier 1; member pays nothing; \$35 co-pay in Tier 2; plan pays 70% of Blue Shield's allowable amount in Tier 3.	Plan pays 90% of Blue Shield's allowable amount for Preferred providers; 70% of Blue Shield's allowable amount for Non-Preferred providers.

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WOMEN'S HEALTH AND MATERNITY	Complete care with \$0 co-pay to member for office visits. \$100 co-pay per admittance to member for physician and hospital services.	<p>No charge for OB/GYN office visit (annual mammography, Papanicolaou test, or cervical cancer and human papillomavirus (HPV) screening (one per calendar year).</p> <p>Members may self-refer to an OB/GYN in the same medical group as their PCP for annual visit.</p> <p><u>Maternity</u></p> <p>Prenatal and postnatal physician office visits are no charge.</p> <p>For Inpatient Hospital Services see "Hospital Rooms & Extras"</p> <p>For the birth month of coverage, new babies must be assigned to a PCP in the same medical group as the mother.</p>	<p>No charge for OB/GYN office visit (annual mammography, Papanicolaou test, or cervical cancer and human papillomavirus (HPV) screening (one per calendar year) for Tier 1.</p> <p>Members may self-refer to an OB/GYN in the same medical group as their PCP for routine annual exams.</p> <p>\$35 co-pay for Tier 2; Plan pays 70% of Blue Shield's allowable amount if services are accessed through Non-Preferred providers.</p> <p>Routine exams and Preventive Care are <u>not covered</u> for Tier 2 or Tier 3.</p> <p><u>Maternity</u></p> <p>Prenatal and postnatal physician office visits are no charge for Tier 1; \$35 co-pay for Tier 2; and the plan pays 70% of Blue Shield's allowable amount if services are accessed through Non-Preferred providers.</p> <p>For Inpatient Hospital Services see "Hospital Rooms & Extras"</p> <p>Tier 1- For the birth month of coverage, new babies must be assigned to a PCP in the same medical group as the mother.</p>	<p>No charge for OB/GYN office visits (annual mammography, Papanicolaou test, or cervical cancer and human papillomavirus (HPV) screening (one per calendar year) when accessed through a Preferred provider.</p> <p>Plan pays 70% of Blue Shield's allowable amount if services are accessed through Non-Preferred providers. Routine exams, Preventive Care and Family Planning services are <u>not covered</u> through non-Preferred providers.</p> <p><u>Maternity</u></p> <p>For Inpatient Hospital Services see "Hospital Rooms & Extras"</p>
ROUTINE PHYSICAL EXAMS (According to schedule)	No charge for Preventive routine physical exam.	No charge for Preventive routine physical exam.	Tier 1: No charge for office visit. Tier 2: Not Covered Tier 3: Not Covered	<p>No charge for office visit to Preferred providers (includes: vision/hearing screenings and immunizations).</p> <p>No Charge for routine laboratory, services from Preferred providers.</p> <p>Routine physical exams are not covered for Non-Preferred providers.</p>

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WELL BABY CARE AND IMMUNIZATIONS	No charge.	No charge.	Tier 1: No charge for office visit (includes: eye/ear screenings, immunizations, vaccinations). Tier 2: Not Covered Tier 3: Not Covered	No charge for office visit to Preferred Providers (includes: eye/ear screenings, immunizations, vaccinations). No charge for routine laboratory, services from Preferred providers. Non-Preferred Provider services are not covered.
ALLERGY TESTS AND TREATMENT	\$25 co-pay per office visit. \$5 co-pay for allergy injections.	\$25 co-pay per office visit	\$25 co-pay for office visit in Tier 1; \$35 co-pay for office visit in Tier 2; and 30% of Blue Shield's allowable amount for the office visit in Tier 3.	\$25 co-pay per office visit to Preferred Providers; plan pays 70% of Blue Shield's allowable amount for Non-Preferred Provider services.
INFERTILITY SERVICES	50% infertility benefit	50% for diagnosis and treatment of causes of infertility. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT.	50% for diagnosis and treatment of causes of infertility for Tier 1. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT. Not a covered benefit under Tier 2 or 3.	Not covered.
ALCOHOLISM/ DRUG ADDICTION	<u>Inpatient</u> : \$100 co-pay per admittance for detoxification in Kaiser Permanente-approved facility only. <u>Transitional Residential Recovery Services (TRRS)</u> : \$100 per admission at an approved facility. <u>Outpatient</u> : \$25 co-pay per visit; no limit to visits.	<u>Inpatient</u> : \$100 co-pay per admittance for inpatient services for medical acute detoxification. Services for Medical Acute Detoxification are accessed through Blue Shield utilizing your medical group. <u>Outpatient</u> : \$25 co-pay per visit	<u>Inpatient</u> : Medical Acute Detoxification only. Plan pays 100% after member pays \$100 per admittance co-pay in Tier 1; Plan pays 90% after member pays \$100 per admittance co-pay and 10% coinsurance for Tier 2; and plan pays 70% of Blue Shield's allowable amount in Tier 3 (Blue Shield payment not to exceed \$600/person/day). Tier 2 and Tier 3 subject to pre-authorization. <u>Outpatient</u> : \$25 co-pay per visit for Tier 1; N/A for Tier 2; and 70% of Blue Shield's allowable amount for Non-Preferred providers.	<u>Inpatient</u> : Medical Acute Detoxification only. Plan pays 90% after member pays \$100 per admittance co-pay and 10% coinsurance for Preferred Providers; and 70% of Blue Shield's allowable amount for Non-Preferred providers (Blue Shield payment not to exceed \$600/person/day). Preferred and Non Preferred providers subject to pre-authorization. <u>Outpatient</u> : \$25 co-pay per visit

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MENTAL HEALTH SERVICES/ PSYCHO THERAPY	<p><u>Inpatient:</u> \$100 co-pay per admittance.</p> <p><u>Outpatient:</u> \$25 co-pay.</p> <p>Additional visits at non-member rates are available. No office visit limits for mental health treatment covered under the Mental Health Treatment Parity Law (AB88).</p>	<p><u>Inpatient:</u> \$100 per admittance co-pay. Services are accessed through MHSA's facilities.</p> <p><u>Outpatient:</u> \$25 co-pay per visit</p>	<p><u>Inpatient:</u> Standard hospital and physician benefits (see above). All stays are subject to advance review.</p> <p><u>Outpatient:</u> \$25 co-pay for Tier 1. Tier 2 is N/A. Member pays 30% of Blue Shield's allowable amount in Tier 3.</p>	<p><u>Inpatient:</u> Plan pays 90% after member pays \$100 per admittance co-pay and 10% coinsurance for Preferred Providers for services rendered by MHSA facility; 70% of allowable amount if services are accessed through non-MHSA facilities (Blue Shield payment not to exceed \$600/person/day).</p> <p><u>Outpatient:</u> \$25 co-pay for Preferred Providers and 30% of Blue Shield's allowable amount for Non-Preferred providers.</p>
PHYSICAL, SPEECH & OCCUPATIONAL THERAPY	<p><u>Inpatient:</u> See Hospital Services section.</p> <p><u>Outpatient:</u> Short term physical therapy for acute conditions only, at \$25 co-pay per visit.</p>	<p><u>Inpatient:</u> See Hospital Services section.</p> <p><u>Outpatient:</u> \$25 co-pay per visit.</p>	<p><u>Inpatient:</u> See Hospital Services section.</p> <p><u>Outpatient:</u> Member pays \$25 co-pay in Tier 1; \$35 co-pay in Tier 2; or 30% of Blue Shield's allowable amount in Tier 3.</p>	<p><u>Inpatient:</u> See Hospital Services section.</p> <p><u>Outpatient:</u> Plan pays 90% for Preferred Providers; 70% of the allowable amount for Non-Preferred.</p> <p>Additional benefits may be authorized upon medical review of the treatment plan.</p>
CHIROPRACTIC/ ACUPUNCTURE	Not covered.	\$10 co-pay per visit for chiropractic and acupuncture services when accessed through American Specialty Health Plans' (ASHP's) network (Benefit Max: 30 combined visits per calendar year; \$50 appliance benefit max per calendar year).	<p>Chiropractic services available through American Specialty Health. \$5 co-pay per visit, to a maximum of 30 visits per calendar year. PCP referral is not required. (Appliances are covered up to \$50 per member per calendar year).</p> <p><u>Acupuncture:</u> not covered.</p>	<p><u>Chiropractic:</u> Plan pays 90% for Preferred; 70% of the allowable amount for Non-Preferred. (Benefit Max: 20 visits per calendar year each)</p> <p><u>Acupuncture:</u> Plan pays 90% for Preferred, to a maximum of 20 visits per calendar year for treatment by M.D. or certified acupuncturist.</p>
DURABLE MEDICAL EQUIPMENT	<p>Covered 100% according to formulary guideline.</p> <p>Employees who live outside of Kaiser Permanente's Service Area may pick up items such as canes, crutches, and diabetic supplies within the Service Area. Most DME items must be delivered and maintained within the Service Area. This may be at a friend or family member's home within the Service Area, but the item must remain within the Service Area.</p>	Covered at 100% of allowed charges.	Plan pays 100% in Tier 1 with no max; 90% in Tier 2; and 70% of Blue Shield's allowable amount in Tier 3.	Plan pays 90% of the Blue shield allowable amount for Preferred; 70% of the allowable amount for Non-Preferred.

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PROSTHETICS/ ORTHOTICS	\$25 office visit co-pay.	No charge (\$25 office visit co-pay may apply)	Plan pays 100% in Tier 1 (\$25 office visit co-pay may apply); Plan pays 90% (\$35 office visit co-pay may apply) in Tier 2; and plan pays 70% of Blue Shield's allowable amount in Tier 3.	Plan pays 90% of the Blue Shield's allowable amount for Preferred Providers (\$25 office visit co-pay may apply); 70% of the allowable amount for Non-Preferred Providers.
VISION EXAM	\$25 office visit co-pay. Screening is covered through preventive care	Not covered.	Not covered.	Not covered.
HEARING AIDS	Covered up to \$500 per device every 36 months when medically necessary. Employees who live outside of Kaiser Permanente's Service Area may obtain Hearing Aids from a contracted vendor inside the Service Area.	Covered up to \$1,000 every 36 months when medically necessary.	Covered up to \$1,000 every 36 months when medically necessary.	Not covered.
CONTINUING CARE	<u>Home Health</u> : \$0 co-pay per visit when prescribed by a Kaiser Permanente physician. Employees living outside Kaiser Permanente's Service Area may receive services at a friend or family member's home within the Service Area. <u>Skilled Nursing Facility</u> : No charge. Employees living outside Kaiser Permanente's Service Area may receive services from a contracted vendor inside the Service Area. <u>Hospice</u> : No charge when selected as an alternative to traditional in-hospital services. Employees living outside Kaiser Permanente's Service Area may receive services at a contracted vendor inside the Service Area. All continuing care coverage requires prior authorization.	<u>Home Health</u> : \$25 co-pay per visit (up to 100 two-hour visits per calendar year). <u>Skilled Nursing Facility</u> : No charge (up to 100 days per calendar year). <u>Hospice</u> : No charge. Subject to pre-authorization.	<u>Home Health</u> : \$25 co-pay coverage in Tier 1; member pays 10% in Tier 2. If services are prior authorized to Tier 3 providers, then they are covered at 10%. Up to 100 days per calendar year applies to all Tiers. All Tiers must be pre-authorized. <u>Skilled Nursing Facility</u> : 100% coverage in Tier 1; member pays 10% co-pay in Tier 2; and 30% of Blue Shield's allowable amount in Tier 3. Up to 100 days per calendar year applies to all Tiers. <u>Hospice</u> : 100% coverage in Tier 1; Member receives 100% coverage in Tiers 2 and 3 if services are pre-authorized	<u>Home Health</u> : Plan pays 90% when services are pre-authorized by a Preferred Provider, up to 100 days per calendar year. Non-Preferred Providers are covered at the Preferred Provider level after pre-authorized. <u>Skilled Nursing Facility</u> : Plan pays 90% when services are pre-authorized at a free-standing facility for Preferred and Non-Preferred Providers. Up to 100 days per calendar year applies to both Preferred and Non-Preferred Providers. In a hospital, 90% when services are pre-authorized for Preferred Providers; 70% of the allowable amount for Non-Preferred. Up to 100 days per calendar year applies to both Preferred and Non-Preferred Providers. <u>Hospice</u> : Plan pays at 90% when services are pre-authorized for both Preferred and Non-Preferred Providers.

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TOOLS FOR HEALTHY LIVING	<p>Programs and information are available on-line for total health assessment, weight management and physical fitness, stress reduction, good nutrition and smoking cessation, diabetes, depression, and insomnia.</p> <p>Kaiser members (non-Medicare) may participate in HealthMedia Healthy Lifestyle Program Rewards. This is an interactive on-line program which provides health and fitness tools and gives cash rewards for participation.</p> <p>www.kp.org/healthylifestyles</p>	<p>Programs and information available include:</p> <ul style="list-style-type: none"> • NurseHelp 24/7sm – Members can talk to a registered nurse, day or night, for information and support on issues affecting their health. Members can also chat online with a registered nurse anytime through the Health & Wellness section of blueshieldca.com. • Health Advocates – Member support for overall health and well-being from registered nurses who provide support with questions about treatment options, dealing with chronic illness, and identification of health care needs. • Health management programs – condition-focused assistance in managing asthma, diabetes, coronary artery disease and heart failure. A prenatal education is also available for expectant members. • Healthy Lifestyle Rewards – An interactive on-line program that provides health and fitness tools and gives up to \$175 in cash rewards for participation in programs to get in shape, eat right, reduce stress, or quit smoking. • On-line tools at blueshieldca.com – Our Web site gives members easy access to tools to help improve their health such as Ask a Pharmacist, Treatment Options Tool, Hospital Comparison Tool, Drug Interaction Checker, and a library of information on various topics including information on preventive health and specific conditions. • Wellness discounts – Members have access to discounts on chiropractic care, acupuncture, massage therapy, vision services, 24 Hour Fitness gym membership, Weight Watchers membership, and products on drugstore.com. <p>www.blueshieldca.com/hw/</p>		
OUT-OF-AREA COVERAGE	Covers Emergency and Urgent Care for Medically Necessary Services. Prior Authorization for Emergency and Urgent Care Services is required before member's medical condition permits travel or transfer to nearest Kaiser Permanente facility for care.	<p>\$50 co-pay for urgent care facility visits outside your personal physician service area.</p> <p>Refer to Blue Shield's <i>Blue Card Program</i> highlighted in your Evidence of Coverage.</p>	<p>Tier 1: \$50 co-pay for urgent care facility visits when outside of Blue Shield's HMO service area. Tiers 2 & 3 services are covered same as medical across the country.</p> <p>Refer to Blue Shield's <i>Blue Card Program</i> highlighted in your Evidence of Coverage.</p>	Services covered same as medical throughout the country. Refer to Blue Shield's <i>Blue Card Program</i> highlighted in your Evidence of Coverage.
COORDINATION OF BENEFITS	Contact Kaiser Permanente for details.	Yes.	Yes.	Yes.
ELIGIBLE FAMILY MEMBERS	<p>For all plans:</p> <ul style="list-style-type: none"> • Spouse. • Domestic Partner. • Dependent children, including children of domestic partners, step-children, adopted children, foster children or children under the employee's legal guardianship, up to age 26. • Unmarried children incapable of self-sustaining employment because of mental or physical disability who were enrolled at the time they became disabled; or at age 19 if disability occurred prior to age 19. Kaiser and Blue Shield require certification of disability for coverage. Ongoing certification is required. 			
MEDICARE FOR RETIREES OVER 65	<p>For all plans: Enrollment in Medicare (Parts A and B) is required for everyone who is eligible. Additional Medicare Risk and Medicare Supplement plans are available. Contact the City Retirement Services Department for details: 1-408-794-1000.</p>			
CONTINUATION OF BENEFITS	<p>For all plans: Medical coverage may continue under COBRA if certain requirements are met by paying the entire premium each month, plus an administration fee. Must apply within 60 days of loss of coverage.</p>			

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